

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101595388

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2						
3						
4		3		3		
5						
6		0		0		
7		0		0		
8		0		0		
9		0		0		
10		0		0		
11	1					
12		0		0		
13		0		0		
14		0		0		
15		0		0		
16		0		0		
17		0		0		
18		0		0		
19		0		0		
20		0		0		
21		0		0		
22		0		0		
23		0		0		
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49						
50						
TOTAL IND.	2	↓		↓	1	↓
TOTAL DEP.	29	←		←	20	←
TOTAL CLAIMS	31				21	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						